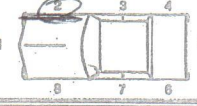
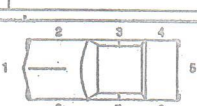


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 14-4545		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - DO NOT MARK ABOVE				LOCAL FILE NO. 14-4545
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 1		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED				
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY		LEBANON		DATE OF CRASH: DAY 3/14/14		FRI		TIME: MILITARY 1727		
CRASH OCCURRED ON		119 Cincinnati Ave Lebanon OH		WITHIN THE INTERSECTION OF		Driveaway						
IF NOT IN INTERSECTION		N S		E W		MILES _____ FEET _____		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)		CITY CODE		
LOG-1		LOG-2		LOC JUR FH9 FILT								
A UNIT NO. 1		NO OF OCCUPANTS 1		<input checked="" type="checkbox"/> OPERATING <input type="checkbox"/> PARKED		<input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT		INSURANCE CO OR AGENT American Family				
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) McClellan Lisa L		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 119 Cincinnati Ave Lebanon OH 45036										
PHONE NO.		BIRTH DATE 10/11/61		AGE 52		SEX F		SOCIAL SECURITY NO.		STATE OH		
OWNER (IF SAME AS DRIVER, WRITE SAME) Same		ADDRESS						PHONE				
VEH YR 2009		MAKE Ford		MODEL 4 door		COLOR Red		STYLE		STATE OH		
LICENSE PLATE NO. ERC7671		TOWING SERVICE		VEH/PED DIR FROM TO								
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
8 UNIT NO.		NO OF OCCUPANTS		<input type="checkbox"/> OPERATING <input type="checkbox"/> PARKED		<input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT		INSURANCE CO. OR AGENT				
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)										
PHONE NO.		BIRTHDATE		AGE		SEX		SOCIAL SECURITY NO.		STATE		
OWNER (IF SAME AS DRIVER, WRITE SAME)		ADDRESS						PHONE				
VEH YR		MAKE		MODEL		COLOR		STYLE		STATE		
LICENSE PLATE NO.		TOWING SERVICE		VEH/PED DIR FROM TO								
CIRCLE DAMAGE AREAS 		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE				
C FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES		
D FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES		
E FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES		
F FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTHDATE		AGE		POSITION		INJURIES		
A B C		INJURED TAKEN TO		By		A B C D E F		2		1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED		
D E F		INJURED TAKEN TO		By		A B C D E F		2		1 NO ALCOHOL DETECTED 2 HBD ABILITY IMPAIRED 3 HBD ABILITY NOT IMPAIRED 4 HBD ABILITY UNKNOWN		
A		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG		
O		OFFENSE CHARGED AND DESCRIPTION		A B C D E F		A B C D E F		A B C D E F		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILICIT DRUG		
RECEIVED CALL		DISPATCHED		ARRIVED		CLEARED		OTHER TIME		TOTAL MINUTES		
DATE REPORT FILED		PHOTOS		OFFICER'S NAME		BADGE NO.		CHECKED BY				
M 3/14/14		YES NO		Fry		119						
State Ptl-012		2/13/03										